

Case Number:	CM15-0013486		
Date Assigned:	02/02/2015	Date of Injury:	06/10/2008
Decision Date:	03/24/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old female, who sustained an industrial injury on June 10, 2008. The diagnoses have included discogenic cervical condition with facet inflammation and disc herniation, discogenic lumbar condition with facet inflammation without radiculopathy, wrist joint inflammation on the left and chronic pain syndrome. Treatment to date has included Magnetic resonance imaging of lumbar spine which showed facet inflammation date not given, oral pain medications. Currently, the injured worker complains of low back pain. In a progress note dated December 3, 2014, the treating provider reports tenderness to palpation along the SI joint on the right side along the upper limit. On January 21, 2015 Utilization Review non-certified a Magnetic resonance imaging of lumbar spine, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 304.

Decision rationale: No, the proposed lumbar MRI was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, the attending provider's December 23, 2014 progress note contained no references to the applicant's is actively considering or contemplating any kind of surgical intervention involving the lumbar spine. The request was initiated by a pain management physician, not a spine surgeon. The applicant's well-preserved lower extremity motor function evident on that date diminished the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or considering surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.